

Application Serial No. 10/003,352
Response filed February 4, 2004

In the Claims:

Please amend the Claims as follows (the changes in these Claims are shown with ~~strikethrough~~ for deleted matter and underlines for added matter). A complete listing of the claims are listed below with proper claim identifiers.

1. (Currently Amended) A method of preventing ischemic acute renal failure in an individual ~~in need thereof~~ at risk for developing ischemic acute renal failure comprising administering a composition prior to the individual developing ischemic acute renal failure, said composition comprising a therapeutically effective amount of erythropoietin and a pharmaceutically acceptable carrier.
2. (Currently Amended) A method of treating ischemic acute renal failure in an individual ~~in need thereof~~ at risk for developing ischemic acute renal failure comprising administering a composition prior to the individual developing ischemic acute renal failure, said composition comprising a therapeutically effective amount of erythropoietin and a pharmaceutically acceptable carrier.
3. (Cancelled)
4. (Cancelled)
5. (Previously Presented) The method of claim 1 wherein said erythropoietin is recombinant erythropoietin.
6. (Previously Presented) The method of claim 1 wherein said drug composition further comprises a member selected from the group consisting of pharmaceutically acceptable solvents, diluents, excipients, emulsifiers, and stabilizers.
7. (Previously Presented) The method of claim 1 wherein said drug composition is administered systemically.

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8. (Previously Presented) The method of claim 7 wherein said drug composition is administered at subpolycythemic doses.

9. (Previously Presented) The method of claim 8 wherein said subpolycythemic doses are administered 2-4 times.

10. (Previously Presented) The method of claim 9 wherein said doses are administered 24 hours apart.

11. (Currently Amended) The method of claim ~~40~~ 8 wherein said doses are in the range of 250-350 U/kg body weight of EPO in a pharmacological composition.

12. (New) The method of claim 1 wherein said individual at risk for developing ischemic acute renal failure comprises individuals with diabetes, underlying renal insufficiency, nephritic syndrome, elderly, atherosclerotic disease, nephrotoxic agent recipients, sepsis, hypotensive individuals, hypoxic individuals, pre-surgery, myoglobinuria-hematuria, pregnancy associated acute renal failure, and liver disease.

13. (New) The method of claim 1 wherein said composition is administered six hours prior to an ischemic acute renal failure-inducing event.

14. (New) The method of claim 2 wherein said erythropoietin is recombinant erythropoietin.

15. (New) The method of claim 2 wherein said composition further comprises a member selected from the group consisting of pharmaceutically acceptable solvents, diluents, excipients, emulsifiers, and stabilizers.

16. (New) The method of claim 2 wherein said composition is administered systemically.

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17. (New) The method of claim 16 wherein said composition is administered at subpolycythemic doses.

18. (New) The method of claim 17 wherein said subpolycythemic doses are administered 2-4 times.

19. (New) The method of claim 18 wherein said doses are administered 24 hours apart.

20. (New) The method of claim 17 wherein said doses are in the range of 250-350 U/kg body weight of EPO in a pharmacological composition.

21. (New) The method of claim 2 wherein said individual at risk for developing ischemic acute renal failure comprises individuals with diabetes, underlying renal insufficiency, nephritic syndrome, elderly, atherosclerotic disease, nephrotoxic agent recipients, sepsis, hypotensive individuals, hypoxic individuals, pre-surgery, myoglobinuria-hematuria, pregnancy associated acute renal failure, and liver disease.

22. (New) The method of claim 2 wherein the composition is administered six hours prior to an ischemic acute renal failure-inducing event.

23. (New) The method of claim 18 wherein at least one of said doses is administered prior to development of ischemic acute renal failure and at least one of said doses is administered post-development of ischemic acute renal failure.